

Special Category NCB Request

For DGS Use only

SCR #: _____

Expiration Date: _____

Delegation: # _____

Maximum \$ Limit: \$ _____

For use when requesting approval for a special category NCB for information technology (IT) goods and services, non-IT goods and non-IT services pursuant to State Contracting Manual Volumes 1, 2 and 3. All approved requests will be issued a Special NCB # for a maximum dollar amount for the 3-year "window" of approval. All transactions executed against this approval must reference both the Special NCB # and/or Delegation # as appropriate. See the Instructions for Use of Special Category NCB attached to this form. This form can be found on the DGS-PD website www.dgs.ca.gov/pd.

This justification document consists of two (2) pages plus an attachment for instructions. All information must be provided and all questions must be answered. The "Required Approvals" section must include a date for each signature, as appropriate for the transaction.

Requesting Department Information		
Agency:	Department:*	
(*Includes Boards, Commissions, and Associations)		
Institution (if applicable):		
Department Contact Information		
Contact Name:	Street Address:	
Telephone: ()		
FAX: ()	Mailing Address:	
E-Mail:		
Contract Category Information		
Contractor Name:		
Name of Category:		
Describe types of purchases contemplated:		
Contract/Trans. \$'s estimated per Calendar Year \$ _____ x _____ # of yrs (up to 3 yrs) = Total \$ _____		
# of Contracts/Trans. estimated per Calendar Year _____ x _____ # of yrs (up to 3 yrs) = Total # _____		
Contract/transaction Type: Select One: <input type="checkbox"/> Non-IT Goods <input type="checkbox"/> IT Goods <input type="checkbox"/> IT Service <input type="checkbox"/> IT Goods & Services <input type="checkbox"/> Non-IT Service		
Provide a description of the goods or services to be acquired:		
(Use additional pages as necessary)		
Required Approvals		
Department <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Signature of Director or Designee/Date _____ Type Name of Director or see Instructions	Agency <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Signature of Agency Secretary or Designee/Date _____ Type Name of Agency Secretary or see Instructions	Dept. of General Services <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Signature of Director or Designee/Date _____ Type Name of Director or Designee

Remit completed form to:

Procurement Division
One-Time Acquisitions
707 Third Street, 2nd Floor, MS: 201
West Sacramento, CA 95605

Complete responses must be provided for all of the following items.

A. WHY IS THIS CATEGORICAL EXEMPTION NECESSARY?

1. Why can't the acquisition category be competitively bid?*

(Identify any time critical requirements that prevent the exercise of reasonable efforts to compete for the good or service.)

*** Reference the Public Contract Code (PCC) that applies, i.e., 10301/10302, 10340 or 12102.**

2. Provide the background of events leading to this request.

3. What are the consequences of not purchasing the good and/or service for the proposed category?

4. What market research was conducted to substantiate whether there is competition available for this category, including evaluation of whether other (substitute) items were considered?

(Provide a narrative of your efforts to identify other similar or appropriate goods/services, including a summary of how the department concluded that such alternatives are either inappropriate or unavailable OR an explanation of why the survey or effort to identify other goods/services was not performed.)

B. PRICE ANALYSIS

1. How was the price offered determined to be fair and reasonable?

(Explain what the basis was for comparison and include cost analyses as applicable.)

Instructions for Use of Special Category NCB

Signature Instructions for Agencies with an Agency Secretary

This form requires approval by Agency Secretary or Agency Undersecretary or Designee **and** the Director or Chief Deputy. The typed name and signature must match. The Agency Secretary may designate one person, in addition to Agency Undersecretary, to sign on his/her behalf, of cabinet officer level (e.g., Assistant Undersecretary, Deputy Secretary, etc., the actual title is dependent upon the Agency's organizational structure).

Signature Instructions for Agencies that do not have an Agency Secretary

This form requires approval by the highest ranking executive officer or designee. The typed name and signature must match. The highest ranking officer may designate one person to sign on his/her behalf subject to DGS approval.

In accordance with the State Contracting Manual, Volume 1, Chapter 5, Volume 2, Chapter 5 and Volume 3, Chapter 4, this Special Category NCB Request form is to be used whenever a department determines that a significant number of repeat NCB's will occur within the "window" of approval (maximum is 3 years) for a category of goods or services that warrant requesting approval for that category of goods or services rather than requesting approval of individual NCB transactions.

All requests for Special Category NCB's must use this form. Requests for services (non-information technology (IT) and IT must be accompanied by a Std. 821, Contract Advertising Exemption Request. Use a separate form for each category type. The request must be re-approved whenever one of the signatories changes. All Special Category NCB's must have an estimated annual dollar amount for the term of the SCR authority for a period not to exceed 3 years. SCR's must be re-requested for additional terms and may only exceed the dollar amount approved by 10%. SCR's must be re-requested 30 days prior to expiration. The expiration date is stated in the box "For DGS Use only".

NOTE: This form is not to be used for emergencies, nor is it to be used to aggregate requests on behalf of other departments.

Warning: Departments must track all contracts/purchase orders executed at departments with approved Special Category NCB's. The tracking must at a minimum include the Special Category approval number issued by DGS, the contract/PO number and the dollar amount. These will be reviewed when a Purchasing Authority compliance review is scheduled.

Purchase of goods and IT goods and services:

Departments without delegated purchasing authority and for transactions that exceed delegated purchasing authority:

- Complete the form including required approvals and forward to DGS-PD Acquisitions and Contracts Section along with a Std. 66 Purchase Estimate for approval and/or execution of the transaction. The approved form will be returned with a Special Category Request (SCR) # noted in the upper right hand box.
- For subsequent purchases in the same category, submit a copy of the approved SCR along with the Std. 66 as above.

Departments with delegated purchasing authority:

- Complete the form including required approvals and forward to DGS-PD Acquisitions and Contracts Section. The approved form will be returned with a Special Category Request (SCR) # noted in the upper right hand box. All transactions completed by departments must be within purchasing authority limitations granted by DGS/PD and must be documented with the SCR #.

Contracts for non-IT services:

- Complete the form including required approvals and forward to DGS-PD Acquisitions and Contracts Section. The approved form will be returned with a Special Category Request (SCR) # noted in the upper right hand box. A copy of the approved form must be filed with all contracts and must accompany all contracts that require DGS-OLS approval.